							•					
	in this information t											
Det	otor 1	Taylor Repir	16									
	otor 2 ouse, if filing)					_						
Uni	ted States Bankrup	tcy Court for the	EASTERN DISTRICT	OF PENNSYLVANIA	1	_						
Case number						Check if this is	:					
(If kn	nown)						An amende	ed filing				
							A supplement 13 income		ng postpetition following date:			
O_1	fficial Form	<u> 1061</u>					MM / DD/ Y	YYYY				
S	chedule I:	Your Inc	ome							12/15		
atta Par	t 1: Describe	et to this form.	r spouse is not filing wi On the top of any addition									
1.	Fill in your emploinformation.	oyment		Debtor 1			Debtor 2 or non-filing spouse					
	If you have more	e page with	Employment status	■ Employed			☐ Empl	☐ Employed				
	attach a separate prinformation about a employers.		Employment status	☐ Not employed	☐ Not e	☐ Not employed						
			Occupation	Customer Service Lead								
	Include part-time, self-employed wo		Employer's name	Porter Chevrole	t Hyund	dai						
	Occupation may i or homemaker, if		Employer's address	414 Cleveland Ave Newark, DE 19711								
			How long employed th	nere? 1 year,	6 mont	hs						
Par	t 2: Give De	tails About Mor	nthly Income									
	mate monthly incouse unless you are		ate you file this form. If y	you have nothing to re	eport for	any l	ine, write \$0 in the	space. Ir	nclude your noi	n-filing		
	u or your non-filing e space, attach a se		ore than one employer, co	mbine the information	n for all e	emplo	oyers for that perso	on on the	lines below. If	you need		
							For Debtor 1		ebtor 2 or ling spouse			
2.			ry, and commissions (becalculate what the monthly		2.	\$	3,466.67	\$	N/A			
3.	Estimate and list monthly overtime pay.				3.	+\$	0.00	+\$	N/A			
4.	Calculate gross	Income. Add lir	ne 2 + line 3.		4.	\$	3,466.67	\$	N/A			

Deb	otor 1	Taylor Repine	-	C	Case nu	ımber (<i>if k</i>	nown)				
					For D	ebtor 1			Debtor :		
	Cop	by line 4 here	4.	-	\$	3,46	6.67	\$		N/A	<u> </u>
5.	List	t all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a	ì.	\$	34:	2.33	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b		\$		0.00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c) .	\$		0.00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d	i.	\$	(0.00	\$		N/A	
	5e.	Insurance	5e		\$		0.00	\$		N/A	_
	5f.	Domestic support obligations	5f.		\$		0.00	\$		N/A	_
	5g.	Union dues	5g		\$		0.00	\$_		N/A	_
	5h.	Other deductions. Specify:	_	1.+	\$			+ \$		N/A	_
6.		d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$		2.33	\$		N/A	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	2,99	4.34	\$		N/A	<u> </u>
8.	List 8a.	t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a	1	\$		0.00	\$		N/A	
	8b.	Interest and dividends	8b		\$ —		0.00	\$_		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c) .	\$		0.00	\$		N/A	_
	8d.		8d	ł.	\$		0.00	\$		N/A	_
	8e.	Social Security	8e) .	\$	(0.00	\$		N/A	_
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	8f. 8g		\$ \$		0.00 0.00	\$		N/A N/A	_
	8h.	Other monthly income. Specify: Food Stamps	_ 8h	1.+	\$	27	0.00	+ \$		N/A	<u> </u>
9. Ad		d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.			i	270.00		\$_		N/A	A
40	0-1	aulata manthi inaama. Add lina 7 , lina 0	40	Φ.		00404			NI/A	•	0.004.04
10.		culate monthly income. Add line 7 + line 9. I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_	3,	264.34	+ \$		N/A	= \$ _	3,264.34
11.	Star Incli othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not exify:	depe						Schedule 11.		0.00
12.		d the amount in the last column of line 10 to the amount in line 11. The restet that amount on the Summary of Schedules and Statistical Summary of Certaillies							12.	\$	3,264.34
40	_		•						L	Combi month	ned ly income
13.	Do	you expect an increase or decrease within the year after you file this form No.	?								
		Yes Explain:									

Official Form 106l Schedule I: Your Income page 2